## UNITED STATES DISTRICT COURT

NORTHERN DISTRICT OF ILLINOIS

## SUMMONS IN A CIVIL CASE

WALTER SLOAM

CASE NUMBER:

07 C 7038

ASSIGNED JUDGE:

John W. Darrah

Village of Hickory Hills

DESIGNATED

MAGISTRATE JUDGE:

TO: (Name and address of Defendant)

Ryan Bajt Policeman Hickory Hills Police Dept 8800 West 87th street Hickory Hills, Illinois 60457

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

M. Anne Hannigan Attorney at Law 777 N. Michigan Avenue Suite 3009 Chicago, Illinois 60611

days after service of this an answer to the complaint which is herewith served upon you, within summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

DATE

APR 0 9 2008

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RETURN OF SERVICE
Service of the Summons and complaint was made by me <sup>(1)</sup>
NAME OF SERVER (PRINT)  M. HANGE HANNIGAN  Check one box below to indicate appropriate method of service
G Served personally upon the defendant. Place where served:
G Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.  Name of person with whom the summons and complaint were left:
G Returned unexecuted:
G Other (specify):
MAY 2 3 2008 T.C
5-23-2008 MICHAEL W DOBBINE
OLERK, U.S. DISTRICT COURT
STATEMENT OF SERVICE FEES
TRAVEL SERVICES TOTAL
DECLARATION OF SERVER
I deciare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.
Executed on 4 h B M, Me Hayan
777 N. Michigan 3009  Address of Server Chichgo IL 60611

Case 1:07-cv-070 COMPLETE THE SLETTON ON DESIVERY SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Date of Delivery Attach this card to the back of the malipiece or on the front if space permits. 1. Article Addressed to: If YES, enter delivery address below: Seprice Type Cortified Mail Express Mall Registered ☐ Return Receipt for Merchandise Insured Mall □ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7007 3020 0001 6582 0311 (Transfer from service Domestic Return Receipt

PS Form 3811, February 2004

102595-02-M-1540